AGENCY USE ONLY				
	Date Rec'd.:			Rec'd By:
Montana Department of Environmental Quality WATER PROTECTION BUREAU				
FORM IDR	INFO	RMATION/D	ATA REQUES	ST
SECTION A – CONTACT INFORMATION				
Name: Date:				
Company/Agency: Mailing Address: City/State/Zip:				
Phone: Email Address:				
SECTION B – INFORMATION/DATA				
Please fill out the fields below as completely as you are able and provide a detailed description of the information and/or data that you are requesting. Information and/or data can be provided in hardcopy format or electronically. *Please note that charges may apply for paper copies. Requests for hardcopy information are processed within 5 days for contested cases and 10 days for non-contested cases. Requests for electronic information/data are processed within 10 days for contested cases and 20 days for non-contested cases.				
FORMAT REQUESTED: Hardcopy Electronic				
CONTESTED PERMIT? Yes No REQUEST DESCRIPTION: Permit No Facility Name:				
Permittee Name:				
Location:				
Detailed description of Information/Data Requested: (<i>Please use the second page for more details</i>)				

Clicking the submit button will attach this form to email. Please save any changes prior to clicking the submit button.